Case Presentation

Mark sheet

Student's Name:------------------------------------- Number:----------------------

|  |  |
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| **Action** | **Score** |
| Relevant history taking | **0.5** |
| Physical examination reached to finding | **0.5** |
| Relevant differential diagnosis | **0.5** |
| Appropriate suggested treatment plan | **0.5** |
| Clarity of presentation | **2** |
| Time management of presentation | **1** |
| **Total** | **5** |

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| Evaluator's name:  ..........................................................  Signature: ........................ |